	EMERGENC	Y NOTIFICATIO	ON DATA			
	PERSO	NAL INFORMATI	ON			
LAST NAME	FIRST NAME	MI	CAP RANK		CAPID	
ADDRESS			CITY		STATE AND ZIP CODE	
	CIVIL AIR PA	FROL UNIT INFO	RMATION			
UNIT CHARTER NO. UNIT				Y (C: 1.0		
UNIT CHARTER NO. UNIT	NAME		UNIT LOCATIO	N (City and S	tate)	
UNIT COMMANDER'S NAME			CAP RANK TELEPHO		ONE (Weekdays)	
				AC:	NO.	
ADDRESS			TELEPH	ONE (Nights & Weekends)		
				AC:	NO.	
	PERSON TO NOT	IFY IN CASE OF I	EMERGENCY			
NAME (Mr., Mrs., etc.)		RELATIO	RELATIONSHIP TELE		EPHONE (Weekdays)	
		AC		AC:	C: NO.	
ADDRESS		TELEPHO AC:	TELEPHONE (Nights & Weeke AC: NO.		CELL PHONE	
	EMERGENC	Cut here	ON DATA			
	PERSO	NAL INFORMATI	ON			
LAST NAME	FIRST NAME	MI	CAP RANK		CAPID	
ADDRESS			CITY		STATE AND ZIP CODE	
	CIVIL AIR PA	FROL UNIT INFO	RMATION			
UNIT CHARTER NO. UNIT	NAME		UNIT LOCATION	N (City and S	tate)	
UNIT COMMANDER'S NAME			CAP RANK		ONE (Weekdays)	
				AC:	NO.	
ADDRESS				TELEPH AC:	ONE (Nights & Weekends) NO.	
	PERSON TO NOT	IFY IN CASE OF I	EMERGENCV	AC.	110.	
	I EMBON TO NOT					
NAME (Mr., Mrs., etc.)					TELEPHONE (Weekdays) AC: NO.	
ADDRESS			TELEPHONE (Nights & Weekends) CELL PHONE AC. NO			

OPR/ROUTING: LMM

EMERGENCY MEDICAL DATA

PERSONAL PHYSICIAN	PHONE
PHYSICIAN'S ADDRESS	CITY
BLOOD TYPE	
PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illne	sses, medications, etc.)
CAP FORM 60, DEC 03 REVERSE	
EMERGENCY	MEDICAL DATA
PERSONAL PHYSICIAN	PHONE
PHYSICIAN'S ADDRESS	CITY
BLOOD TYPE	
PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illne	sses, medications, etc.)

CAP FORM 60, DEC 03 REVERSE